

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-022976

3326

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

Filing Date JUL 16 1962

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
Length of stay in 1b <u>60 years</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>635 E. 70 Terr.</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Willard B. Deutsch</u>			4. DATE OF DEATH Month Day Year <u>June 25, 1962</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Cauc.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>MAR. 5, 1902</u>	9. AGE (last birthday) <u>60</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>owner Clothing Outlet Store - Clothing</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Kansas City Mo.</u>		
11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>			12. CITIZEN OF WHAT COUNTRY		
13a. FATHER'S NAME <u>Benjamin Deutsch</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Bachrack</u>		14. NAME OF HUSBAND OR WIFE <u>Gertrude Deutsch</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			17. INFORMANT <u>Mrs. Gertrude Deutsch</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Metastatic Carcinomatosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>		
DUE TO (b) <u>Adenocarcinoma of Colon</u>			1 1/2 years		
DUE TO (c) _____					

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Atherosclerotic Heart Disease</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>			20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20f. CITY, TOWN, OR LOCATION			COUNTY STATE		

21. I attended the deceased from <u>1950</u> to <u>June 25, 1962</u> and last saw him alive on <u>June 24, 1962</u> Death occurred at <u>1:00 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		
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22a. SIGNATURE <u>Jack W. Wolf</u> (Degree or title)			22b. ADDRESS <u>409 E. 63 St. Kansas City, Mo.</u>			22c. DATE SIGNED <u>6/25/62</u>		
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>			23b. DATE <u>June 27-62</u>			23c. NAME OF CEMETERY OR CREMATORY <u>ELMWOOD CREMATORY</u>			23d. LOCATION (City, town, or county) <u>Kansas City Mo.</u>		
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24. FUNERAL DIRECTOR <u>Muehlebach</u>			ADDRESS <u>6800 Troost</u>			25. DATE RECD. BY LOCAL REG. <u>6-25-62</u>			26. REGISTRAR'S SIGNATURE <u>Ruth H. Long</u>		
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BY AFFIDAVIT OF Jack W. Wolf, Medical Certification

DOCUMENT

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK
OR
TYPEWRITER RIBBON

E. Jack Wolf

409 E. 63rd.

EM 1-0724

10-132

1-3

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by *Alfred J. Hammons*, Student Embalmer No. 696

working under my personal supervision.

Student *Alfred J. Hammons* Signed *R. E. Nichols*
Signature of Student Embalmer

Licensed Embalmer No. 4997

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.